

CALENDAR INFORMATION

GRANTEES ARE REQUIRED TO COMPLETE ONE OF THESE FORMS FOR EACH EVENT **AS FAR IN ADVANCE AS POSSIBLE.**

PLEASE CHECK **ONE**:

<input type="checkbox"/> Concert	<input type="checkbox"/> Film/Media	<input type="checkbox"/> Tour
<input type="checkbox"/> Dance	<input type="checkbox"/> Lecture/Discussion	<input type="checkbox"/> Workshop/Class
<input type="checkbox"/> Exhibit	<input type="checkbox"/> Literature/Reading	<input type="checkbox"/> Other
<input type="checkbox"/> Fair/Festival	<input type="checkbox"/> Theater	_____

DATE(S) : _____

EVENT TITLE: _____

TIME(S) : _____

LOCATION: _____

NUMBER TO CALL FOR FURTHER INFORMATION: _____

DESCRIPTION: _____

IS EVENT ACCESSIBLE TO DISABLED INDIVIDUALS? ☐ Yes ☐ No

SPONSORING ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

(Please make as many copies of this form as needed.)

RETURN TO: RI State Council on the Arts
83 Park Street, 6th Floor
Providence, RI 02903

222-3880 voice; 222-7808 TTY